

COSTS INVOLVED & GENERAL INFORMATION ON ACTING AS A PRO SE LITIGANT

Petition for Appointment of Guardian of the Person

You have elected to act as your own attorney (pro se) by filing the petition for guardianship yourself. Our office wants you to be completely aware of possible costs that will be involved.

The filing fee for this petition is \$115.00 in addition to a \$2.00 per page scanning fee. This fee must be paid at the time your petition is filed with our office. If you choose to write a check, make it payable to "Register in Chancery."

A Delaware lawyer will be appointed by the Court to act as the attorney ad litem. This attorney will represent the alleged disabled person. The attorney will investigate and respond to the petition you are about to file. There will be costs for this attorney ad litem. The Court will award the attorney ad litem a reasonable fee for his work on behalf of the alleged disabled person, and will decide which party is responsible for payment of the fee. For uncontested cases, the fee is usually between \$300.00 to \$750.00. **AS THE PETITIONER, YOU WILL BE RESPONSIBLE FOR THE FEE OF THE ATTORNEY AD LITEM.**

You will be contacted by the Court once the attorney ad litem has been appointed to inform you when the court hearing will be held. Your hearing will be held in the New Castle County Courthouse, on the twelfth floor in Courtroom D. Most hearings will be scheduled to begin at 11:30 a.m.; we suggest you arrive at least fifteen (15) minutes early. Please be advised that you will be unable to bring a cell phone into the court building. When you arrive, you will need to check in with the Court Clerk and then take your seat. When your case is called (i.e. "In the Matter of John Doe, a disabled person") you will need to step to the podium and state your case to the Judge. The Judge (called a "Master" in Chancery Court) will have a copy of your petition, and you will not be required to bring any additional documents. Should your petition to become guardian be granted, you will receive additional documents and information from the Court.

If you should have any questions, please contact the Court
at (302) 255-0544



NEW CASTLE COUNTY
COURTHOUSE
500 N. KING STREET
SUITE 1551
WILMINGTON, DE 19801

OFFICE OF THE REGISTER IN CHANCERY
COURT OF CHANCERY
OF THE
STATE OF DELAWARE

302-255-0544
FAX 302-255-2213

March 9, 2009

Guardians & Co-Guardians

Re: Guardianship Volunteers CM #: All disabled guardianship cases

Dear Guardians & Co-Guardians:

The Court of Chancery is creating a volunteer program designed to monitor individuals who have been placed under guardianship and whose care is the responsibility of court-appointed guardians. This important monitoring function enables the court to have first-hand information about people for whom the court has ultimate responsibility. The Court Volunteer is assigned a case, given necessary information about the case, and makes an appointment to meet with the guardian and ward. After the visit, the volunteer fills out a report indicating the status of the ward and may make recommendations for action. The volunteer's report is reviewed by court staff to determine if further action is necessary. The volunteer is considered a member of the Court and should be treated accordingly.

We are pleased to announce the beginning of such an important program that is designed specifically to ensure the well-being of all persons subject to guardianship in the Court of Chancery. Our wards are very important and they deserve every right and protection we can provide them. You should expect to be contacted in the future by one of our volunteers and your cooperation with scheduling meeting times with these volunteers is greatly appreciated. Thank you in advance for your time and effort. Together we will provide the best care possible for all of our wards.

Sincerely,

Sherri J. Harmer
Court of Chancery
Guardianship Monitoring Program Director
(302)-358-0782
Statewide



IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Alleged disabled person/Minor: _____

AFFIDAVIT OF PETITIONER'S HISTORY

- 1) Have you ever declared bankruptcy?
If so, when?
If so, what type?

- 2) Have you ever been convicted of a misdemeanor?
If so, describe which misdemeanor, when and in what jurisdiction you were convicted (i.e., State, County and Police Department).

- 3) Have you ever been convicted of a felony?
If so, describe which felony, when and in what jurisdiction you were convicted (i.e., State, County and Police Department).

- 4) Have you ever been found guilty of an offense by a court martial?
If so, describe which offense and when you were found guilty.
- 5) Do you give the State of Delaware permission to conduct a criminal background check on you at any time during the consideration of your petition for guardianship and, if granted, at any time during the period you are a guardian?

I solemnly swear and affirm under penalty of law that the statements and answers above are true to the best of my knowledge.

Signature

SWORN TO AND SUBSCRIBED before me on this date: _____

Notary Public or Clerk of the Court

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the Matter of:

C.M.#

leave blank

_____,
a disabled person

S.S.#

**PETITION FOR THE APPOINTMENT OF GUARDIAN
OF THE PERSON**

_____, ("Petitioner") represents:

1. Petitioner presently resides at _____.

Petitioner is the _____, _____ hereinafter referred to as Mr./Mrs.
relationship to dp name

dp name

2. The disabled person is _____ years old. Birth date is _____.

(Explain living arrangements as far as permanent AND/OR current residence such as
hospital/institution, etc., and admittance date)

3. The expenses of the disabled person are currently being borne by _____.

4. The marital status of the disabled person is _____.

5. The next of kin of the disabled person who would be entitled to the estate of the disabled

person in the event of the disabled person's death intestate are the following:
(names, relationship, address) & Phone Number

6. The disabled person is believed to have made a Will which is located at _____

_____ in the custody of _____ of _____
will's placement possession of whom town

6. Has the disabled person ever appointed a Power of Attorney? If so, whom _____

8. Has the disabled person been represented by a Delaware attorney? If so, explain briefly including years of service. _____

9. A list of the assets are the following:
(Insert in separate numbered subparagraphs a list of the real estate holdings and personal property of the disabled person including estimated value and rental value.)

10. A list of believed current sources of income are listed as the following:
(Social Security, Pension, etc.)

11. A list of believed current sources of liabilities are listed as the following:
(living, health care, medical expenses)

12. Has the disabled person ever been a member of the armed forces?

13. In detailed information, explain the necessity of the guardianship being established.

_____ is unable to properly manage and care for his/her property or
dp name
person and, as a consequence thereof, is in danger of dissipating or losing such property by
becoming the victim of designing person. He/she is also in danger of substantially
endangering his/her own health of becoming subject to abuse by other persons.

14. The disabled person is a domiciliary of the State of Delaware.

15. There is presently no guardian for the person of the disabled person.

16. A medical report of _____ attending physician _____,
dp name Dr.'s name
M.D., who has his/her offices at the _____ he/she can be reached by the
phone number of _____. Note, attached medical report as Exhibit "A".

17. Your petitioner consents to the Register in Chancery of this Court being his/her agent for acceptance of service on behalf of the petitioner as to any claim arising out of the guardianship if, by reason of the guardian's absence from this state, (s) he cannot be personally served.

WHEREFORE, the petitioner respectfully prays that:

- a. This Court appoint her/him as guardian of the person of the disabled person.
- b. She/he be permitted to serve as guardian without the necessity of posting surety on the bond.
- c. A preliminary order be entered setting the matter down for a hearing and providing for notice.

Petitioner

Phone # _____

SSN _____

(sign in front of a Notary Public)

BE IT REMEMBERED that on this _____ day of _____
200__, before me, the Subscriber, a Notary Public for the State and County aforesaid, appeared _____, known personally to me and being duly sworn in accordance with
law declared that the facts alleged in the foregoing Petition are true and correct to the best of
affiant's knowledge and belief.

Notary Public

COURT OF CHANCERY

Information Needed on Civil Miscellaneous Filings

IN THE MATTER OF:

Address: _____

C.M.# _____

Social Security#: _____

Date of Birth: _____

Guardian:

Social Security#: _____

Drivers License#: _____

Date of Birth: _____

Current Address: _____

Home Phone#: _____

Work Phone#: _____

Email: _____

Co-Guardian

Social Security#: _____

Drivers License#: _____

Date Of Birth: _____

Current Address: _____

Home Phone #: _____

Work Phone #: _____

Email: _____

PHYSICIAN'S AFFIDAVIT

NOTE: This affidavit will be used in a legal proceeding to appoint a guardian for the patient named below. The information it contains must be based on your personal examination of the patient. Thank you for your concern and cooperation.

PATIENT'S NAME: _____

ADDRESS: _____

I, _____ located at _____
(provider's name) (address)

(telephone number)

I am licensed to practice in the United States in the following states:

_____.

I am board Certified in _____.

This history of my involvement with this patient is the following:

I personally examined _____ on _____, 20____.
(Patient's Name)

The examination lasted approximately _____.
(time)

I performed or ordered the following tests: _____

Based on tests and my examination of this patient, it is my professional opinion that s/he

☐ **does not have** a disability that interferes with the ability to make or communicate responsible decisions regarding health care, food, clothing, shelter, or administration of property.

☐ **does have** a disability that interferes with the ability to make or communicate responsible decisions regarding health care, food, clothing, shelter, or administration of property.

The particulars of the disability are as follows: _____

The patient is unable to perform the following functions: _____

☐ In my opinion, the patient **does have** sufficient mental capacity to understand the nature of guardianship and **can** consent to the appointment of a guardian.

☐ In my opinion, the patient **does not have** sufficient mental capacity to understand the nature of guardianship and **cannot** consent to the appointment of a guardian.

I solemnly swear and affirm under the penalties of perjury and upon personal knowledge that the contents of this petition are true.

Date

Provider's Signature

Printed Name

STATE OF DELAWARE :

COUNTY OF _____ :

SWORN TO AND SUBSCRIBED before me this _____ day of

_____, 20____.

Notary Public

NOTE: CONSENT AND WAIVER OF NOTICE

A Waiver of Notice and Consent is generally brought to the attention of disabled person's spouse, children, parents, and/or sibling (brother/sister).

You as the petitioner, can approach the completion of Consent and Waiver of Notice in one of two different ways. Preferably, the Consent and Waiver of Notice is to be signed by the disabled person's relative/next of kin. If the relative(s) should live out of state or cannot be reached physically; there is an alternative method. You can send the entire petition through the Certified Mail with an attached letter. This letter should contain pertinent information such as the Court date, time, and place of the Final Order hearing. This will ensure that all next of kin have been notified of the prospective guardianship's establishment.

(make copies for each interested party) (signatures must be notarized)

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In The Matter Of:

C.M.# _____

A disabled person

CONSENT AND WAIVER OF NOTICE

The undersigned, _____, _____ of
Relative's name of dp relationship to dp.

Relative's name of dp

relationship to Δp .

_____, hereby waives his right to notice of a hearing upon the Petition of

dp name

dp name _____ to appointed Guardian of Person of the disabled person and hereby
petitioner _____

petitioner

hereby consents to _____ appointment as such without further
notice.
petitioner

petitioner

IN WITNESS WHEREOF, _____ has hereto set his hand and seal this

day of _____, 20____

Next of Kin's Name & Signature

Address:

STATE OF DELAWARE:

COUNTY _____

Phone No:

On this _____ day of _____, 20____, in due form acknowledged the foregoing instrument to be his act and deed and desired the same to be recorded as such.

Witness my hand and notarial seal the day and year aforesaid.

Notary Public

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In The Matter Of:

C.M.# _____

_____,
a disabled person

PRELIMINARY ORDER

AND NOW, TO WIT, this _____ day of _____, 20____, the petition for
appointment of a guardian of the person of _____
dp name
hereafter called "disabled person", filed in this matter having been read and duly considered by
the Court,

NOW, THEREFORE, IT IS ORDERED THAT:

1. _____, Esquire, is appointed attorney ad litem for the
leave blank
disabled person. Service shall be made upon the Sheriff unless a Waiver of Service is filed
by the attorney ad litem.
2. The attorney ad litem shall file a report with the Court before noon _____,
leave blank
20_____.
3. A hearing shall be held at the Court of Chancery, _____ County Courthouse,
New Castle, DE, on Thursday, _____, 20____, at

11:30 a.m. to appoint _____ as Guardian of the Person of
petitioner's name
_____, a disabled person.
dp name

4. Notice by certified mail of the time, place, and purpose of such hearing shall

be given by the Petitioner at least ten (10) days prior to the hearing to the next of kin

_____. Petitioner to send into the Register In Chancery Office all
dp name
certified mail receipts the Wednesday before Court.

Master

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In The Matter Of:

*

C.M. # _____

*

*

_____,
a disabled person

**FINAL ORDER FOR APPOINTMENT OF GUARDIAN
OF THE PERSON**

WHEREAS, a hearing on the matter ("the Hearing" was held on

_____, 20____,
leave blank

WHEREAS, Petitioner, _____ is the _____, of
Petitioner relationship to dp

_____ (hereafter "the disabled person"), and the disabled person's other
dp name

relative(s) has/have waived notice and consented to or has received notice through certified mail
on the appointment of _____
dp name

as Guardian of the Person of the disabled person; and

WHEREAS, _____, Esquire, the previously appointed attorney ad
leave blank
litem for the disabled person, has personally served at least ten days before the date of the hearing
and has rendered his/her report; and

WHEREAS, the Court has reviewed the Petition, considered the medical report and the
statements made at the hearing, and finds that _____ suffers from mental and
dp person

physical disability, and is unable to properly manage and care for his/her Person and, that in consequence thereof, is in danger of dissipating or losing such property, becoming the victim of designing persons.

NOW THEREFORE, it is ordered that:

1. _____ is hereby appointed Guardian of Person of _____
Petitioner dp name
subject to the applicable law and Rules of the Court relating to the care and management of disabled persons pursuant to 12 Del. C. Section 3922.

2. Guardian to file a status report with the Register In Chancery each year on the anniversary date of the appointment of the guardian informing of the current mailing address of both both the disabled person and the guardian, current medical statement from the attending physician setting forth the current medical status of the ward, and addressing the need for for a continued guardianship.

2. The Guardian is required to pay the following costs of these proceedings:

A. \$ _____ to the Register In Chancery;
leave blank

B. \$ _____ to _____, Esquire, for his/her services as the
leave blank leave blank
attorney ad litem for the disabled person.

Master